PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2000								09727991					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL YPE	ENTITY	OR	OTHER		
TOTAL CLAIMS			27				Γ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FE	€ 355.00	OR	BASIC FEE	710.Q0	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 7		Γ	X\$ 9=		OR	X\$18=	126.00	
INDEPENDENT CLAIMS			.2 minus 3 =		0		Ī	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT				┢	.125-	1		. 270		
* If the difference in column 1 is tess than zero, enter "0" in column 2							L	+135=	<del></del>	OR	+270=	/ N	
CLAIMS AS AMENDED DARTH								TOTAL	L	OR	•	826.00	
[0	-25-04	(Column 1)	(Column 2			(Column 3) SMAL		SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A	*	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 27	Minus	2	<u> </u>	= Ø		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	••• <	<u> </u>	- 0	ı	X40=		OR	X80=		
	PINST PRESE	NIATION OF MI	TIPLE DEF	ENDENT	CLAIM			+135=		OR	+270=		
7 7 /= 15						<b>L</b>	TOTAL		OR	TOTAL ADDIT, FEE			
2-28=05 (Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	7.5	HIGH NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	· 21	Minus	<u> 2'</u>	<u>7                                    </u>	-0		X\$ 9=		OR	X\$18=		
AM	Independent	NTATION OF MU	Minus	ENDENT	CLAIM	= Ø		X40=		OR	X80=		
	THO THESE	WILLIAM OF THE	Cin CC OCI	CNOCITY	OCAINI		Ŀ	+135=		OR	+270=		
1	1-72-0	ς					AD	TOTAL DIT. FEE		ОЯ	TOTAL ADDIT. FEE		
(Column 2) (Column 3)													
AMENDMENT C	7 ( )	CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 21	Minus	· 2		= <i>D</i>		X\$ 9=		OR	X\$18=		
¥	Independent	· 3	Minus	•••	3	- //		X40=		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							135=		- · ·	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								YOYAL DIT. FEE		OR [	TOTAL ADDIT. FEE		
		nber Previously Pa						lia tha ac	araariata har	م نامم ما	4		

Application or Docket Number